

Nutley  
Phone: 973-667-1090

Pompton Plains  
Phone: 973-835-1665

FlippinOutTumbling.com



**OFFICE USE ONLY**

*Fall Registration:*  
Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

*Summer Registration:*  
Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**Participant Registration Form**

*Before participation in any activity, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.*

**Participant Name:** \_\_\_\_\_ **Check One:**  Male  Female

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade in School:** \_\_\_\_\_

**Parents'/Legal Guardians' Names:** **Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** Home ( \_\_\_\_\_ ) \_\_\_\_\_ Cell (Father) ( \_\_\_\_\_ ) \_\_\_\_\_ (Mother) ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency (if different):** ( \_\_\_\_\_ ) \_\_\_\_\_

**Primary E-Mail Address (billing and messages):** \_\_\_\_\_

**Secondary E-Mail Address (messages only):** \_\_\_\_\_

**Are there any medical conditions of which we should be aware? (Check one):**  Yes  No

*If yes, explain:* \_\_\_\_\_

**Has the participant had a physical examination in the last calendar year? (Check one):**  Yes  No

*(Flippin' Out Tumbling and Gymnastics recommends that every participant complete an annual physical examination.)*

**Physician Name:** \_\_\_\_\_ **Phone** ( \_\_\_\_\_ ) \_\_\_\_\_

-----  
**CURRENT CREDIT CARD INFORMATION: (VISA or MASTERCARD ONLY - NO AMERICAN EXPRESS)**

**Card Holder's Name:** \_\_\_\_\_

**Billing Address if different from above:** \_\_\_\_\_

**CC #:** \_\_\_\_\_ **Expires:** \_\_\_\_/\_\_\_\_ **CVV2 Code:** \_\_\_\_\_ **AUTO PAY:**  Yes  No

I hereby authorize Flippin' Out Tumbling & Gymnastics, LLC to charge my child(ren's) tuition to this card if I am past due on my payment in excess of 7 days after the date payment was due including late fees added to my monthly or session tuition. This card information will remain confidential and will only be used as outlined above unless otherwise authorized by the cardholder.

-----  
**Participants photos may be taken during class sessions, team practice and special events and occasionally used on our website, social media and in advertisements. (No names will be disclosed.)**

-----  
Eligibility to participate in class at **Flippin' Out Tumbling and Gymnastics** requires a completed participant registration form with release of liability and full tuition.

This is to advise you that my child has no physical or emotional problems that could be aggravated by his or her activities within the scope of the course you are offering. In signing this I have verified any pre-existing medical conditions no matter how minor they seem that my child has had or has at this time.

We also recommend that the participant have a complete medical exam before participating in Flippin' Out Tumbling and Gymnastic's program. I also understand that the sport of gymnastics does have some risk of injury, no matter how safe a program is. I release Flippin' Out Tumbling and Gymnastics from any ensuing consequences. I agree to abide by all rules and policies set forth by Flippin' Out Tumbling and Gymnastics.

\_\_\_\_\_  
(Printed Name of Parent /Guardian) (Signature of Parent/Guardian) (Date)

**NO REFUNDS** will be given once payment has been made.  
**(Please Fill-Out Reverse Side)**



**LIABILITY RELEASE AND INDEMNIFICATION:** Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of participant: \_\_\_\_\_ (the "participant") DOB \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Other Parent/Guardian Name (print) \_\_\_\_\_

In consideration of Flippin' Out Tumbling and Gymnastics allowing the participant to participate in sports activity, class, competition, team, including non-gymnastics activities such as dance, cheerleading, and playground activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the participant and his or her parents or legal guardians) for either and/or both locations (Nutley and Pompton Plains):

(1) **Acknowledgment and Assumption of Risks.** I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the participant's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" named below, or other causes. I understand that infectious disease transmission can occur with direct and indirect person to person contact. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the Activity. I hereby give my approval of and consent to the participant's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity.

(2) **Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the participant is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the participant, then it will be my responsibility immediately to discontinue the participant's participation in the Activity.

(3) **Release.** I hereby release, acquit, covenant not to sue, and forever discharge Flippin' Out Tumbling and Gymnastics, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the participant's participation in the Activity and the transportation of the above named participant to and from the Activity (collectively the "Released Claims").

(4) **Indemnification.** I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the participant's behalf that is released in this document), arising out of or connected in any way with any of the Released Claims. I have read the Policies and Procedures for parents, spectators, and participants in the Activity and/or the Team Handbook, and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard.

**I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND CUSTODIAL PARENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

\_\_\_\_\_  
(Participant Signature – If over 18)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**NO REFUNDS** will be given once payment has been made.